PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further e indicated unless correcte maintenance fee notificat	ed below or directed oth	g the Patent, advance or crwise in Block 1, by (a	ders and notification of m) specifying a new correst	aintenance fees will condence address; and	be mailed to the current for (b) indicating a sep-	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25885	7590 (4/2 V	2009			-	emiccion	
PATENT DIVISION P.O. BOX 6288				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
INDIANAPOLI	S, IN 46206-6288					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	۸.	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/579,564	05/12/2006		Jianliang Lu		X16541	5512	
TITLE OF INVENTION	E VITAMIN D RECEPT	OR MODULATORS					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/23/2009	
EXAN	ILNER	ART UNIT	CLASS-SUBCLASS				
CHANDRAKUMAR, NIZAL S		1625	549-049000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			or agents OR, alternati (2) the name of a single registered attorney or a	of up to 3 registered patent attorneys alternatively, f a single firm (having as a member a rney or agent) and the names of up to tent attorneys or agents. If no name is			
PLEASE NOTE: Un	aless an assignee is iden	tified below no assignee	THE PATENT (print or type data will appear on the p	atent. If an assivnee	is identified below, the	document has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document herecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
•	ly and Compan	у	Indianapolis, Indiana				
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) Issue Fee) are submitted:	4	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0840 (enclose an extra copy of this form).				
a. Applicant clair	atus (from status indicate ms SMALL ENTITY stat	tus. See 37 CFR 1.27.		<u> </u>	FNTITY status. See 37		
NOTE: The Issue Fee a interest as shown by the	nd Publication Fac (if rec records of the United St	quired) will not be accepte ates Patent and Trademar	ed from anyone other than k Office.	the applicant; a regist	ered attorney or agent; or	the assignee or other party in	
Authorized Signatur	- James	B. Myere es B. Iny	2	Date	19 Jame 1 142021	2809	
Typed or printed nar	me / Jam	es B. Iny	ers	Registration No	42021		
This collection of informan application. Confide submitting the complete this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22	mation's required by 37 intiality is governed by 3 ed application form to the strong for the strong for 22313-1450. D	CFR 1.311. The informat 5 U.S.C. 122 and 37 CFR & USPTO. Time will var urden, should be sent to to O NOT SEND FEES OR	ion is required to obtain or t 1.14. This collection is es y depending upon the indi he Chief Information Offic	stimated to take 12 mi vidual case. Any com er, U.S. Patent and T O THIS ADDRESS.	nutes to complete, including the amount of rademark Office, U.S. Do SEND TO: Commission	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, rol number.	